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| Submitted By: |  |
| Event Name/Title: |  |
| Date(s) of Event:  (Note: Based on availability) |  |
| Time of Event: |  |
| Event Type  ***(Face to Face or Webinar):*** |  |
| Event Description: **(*this text will appear on the registration form/calendar*)** |  |
| Preferred location of TA: |  |
| Registration closing date:  (to be completed by MACHC) |  |
| Expected Attendance/Audience: |  |
| Continuing Ed Credits Provided: |  |
| Additional Comments: |  |